

Alaska Board of Nursing
Advisory Opinion

Registered Nurse Role in Self-administered Nitrous Oxide Analgesia in the Intrapartum and Immediate Postpartum Period

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient population and/or decrease risk.

The Alaska Board of Nursing publishes Advisory Opinions regarding safe nursing practice, in accordance with AS 08.68.100(a)(9).

Statement of Purpose

The purpose of this advisory opinion is to provide scope of practice clarification for Registered Nurses working in intrapartum settings where self-administered nitrous oxide (N₂O) analgesia (in a mixed 50:50 O₂/N₂O concentration) is used by women in labor and in the immediate postpartum period. Self-administered nitrous oxide analgesia may also be used for certain antepartum procedures such as external cephalic version.

Background Information

Nitrous oxide is a safe and effective alternative for pain management. Women using N₂O remain awake and alert with complete motor and sensory function. The laryngeal reflex is not inhibited. Uterine activity is not altered. Nitrous oxide crosses the placenta however it does not cause central nervous system or respiratory depression in the newborn.

Scope and Responsibilities

The credentialed delivering provider is responsible for

- Maternal-fetal assessment for suitability and absence of contraindications
- Patient and family education about the nature of “self-administration” including the safety feature that when a woman has physiologically reached her limit, she will no longer be able to hold the mask to her face, thus self-regulating her intake.

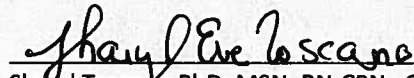
The Registered Nurse is responsible for

- Reinforcing patient and family education about the nature of “self-administration”
- Setting up the 50:50 O₂/N₂O delivery system
- Monitoring the 50:50 O₂/N₂O delivery system for accuracy and safety
- Ongoing patient assessment for response to and effectiveness of O₂/N₂O self-administered analgesia
- Discontinuing the 50:50 O₂/N₂O delivery system when the patient
 - deems side effects intolerable
 - chooses to discontinue

- desires another form of analgesia or anesthesia or the need for analgesia is no longer present
- is non-compliant with self-administration instructions

On November 2, 2017, with a motion made by Wendy Thon APRN and seconded by Julie Gillette and carried with 5 ayes it was

Resolved that the Board of Nursing for the State of Alaska accept the role of self-administration of nitrous oxide intrapartum and postpartum period advisory opinion.



Sharyl Toscano PhD, MSN, RN-CPN Chairperson